

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Date of Inspection April 5, 2005Identification Number PAD002345940Company/Facility/Site Name Cridge Inc

A routine hazardous waste generator inspection of Cridge Inc located in Morrisville Borough, Bucks County was conducted on April 5, 2005, by Mr. Kevin Bauer of the Department. Mr. Chris Schlottman was present for the facility. The following observations were noted:

1. Cridge Inc is currently listed by the USEPA as a conditionally exempt generator (CEG) of hazardous waste with an EPA identification number of PAD002345940. Based on the information gathered during the inspection, it appears to the Department that Cridge Inc does not generate hazardous waste. If Cridge Inc makes the same determination, it should file a renotification of regulated waste activity form with the Department. A form was provided during the inspection.

2. Cridge Inc is a manufacturer of ceramic items. A variety of powders, clays, glues, colors, etc are mixed, pressed into a form, and cured in an oven.

3. Dust collectors gather airborne powders. Every few weeks, a 5-gallon bag of the powders is generated at each collector. The bag is closed and disposed in the dumpster.

4. Mix kettles and the floor in the mix room are cleaned out with a power washer. The water is collected in a closed pit, filtered and then discharged to the sewer. The filter paper is air dried and placed into the dumpster. Cridge Inc should ensure that the area outside of the mix room and by the dumpster is routinely cleaned to prevent the dispersal of powders. An old forklift battery by the mix room door should also be moved indoors and then properly recycled.

No violations were noted.

This inspection report is notice of the findings of an inspection conducted by a representative of the Department. This report is formal notification of any violations observed during the inspection. Additional notification of violations may be issued concerning either violations noted herein, or other violations identified as a result of review of laboratory analyses or Department records.

This report does not constitute an order or other appealable action of the Department. Nothing contained herein shall be deemed to grant or imply immunity from legal action for any violation noted herein.

Signature by the persons interviewed does not necessarily imply concurrence with the findings on this report, but does acknowledge that the person was shown the report or that a copy was left with the person.

Person Interviewed (Signature)

Chris Schlottman

Date

4-5-05

Inspector (Signature)

Kevin C Bauer

Date

4/5/05



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

Inspection Date 04/05/2005Time Start 9:00

Time Finished _____

HW Insp ID -
1436670

HAZARDOUS WASTE INSPECTION REPORT
NONHANDLER – (listed as CEG)

Company Name Cridge Inc ID Number PAD002345940Address 608 Nolan Avenue Morrisville, PA 19067County Bucks Municipality Morrisville Borough ZIP 19067Name of Inspector Kevin BauerName & Title of Responsible Official Chris Cridge, OwnerPerson Interviewed Chris Schlottman, Plant Manager Telephone 215-295-6572Mailing Address (if different from above) 215-295-1655Amount of Hazardous Waste Generated per Month: Nonhandler kg lbsWaste Determination Completed? ☒ Yes ☐ No Waste On-Site Greater Than 1,000 kg. ☐ Yes ☒ No. ☐ Not DeterminedUniversal Waste: Large Quantity Handler? ☐ Small Quantity Handler? ☐

Universal Waste Types _____

1. **Waste Handling Method:**

- ☐ On-Site in a treatment, storage or disposal facility permitted under Chapter 270.
- ☐ Off -Site in a treatment, storage or disposal facility permitted under Chapter 270 or having a permit under Chapter 265.
- ☐ On-Site treatment & off-site treatment, storage or disposal in compliance with 261.5(f)(g) or (j).
- ☐ Off-Site in a permitted municipal or industrial facility in another state.
- ☐ Off-Site to a facility which beneficially uses or reuses, or legitimately recycles or reclaims its waste.
- ☐ Off-Site to a facility that treats waste prior to beneficial use or reuse, or legitimately recycles or reclaims its waste.

Folder GEN1-iAdmRec? N

2. **Hazardous Waste Transportation: Self Transportation** ☐ Yes ☒ No

If No: Transporter Name _____

License Number _____

3. **Types of hazardous waste generated and destination facility (location & type).**

Waste Code	Waste Description	Destination Facility
Nonhandler		



**INSTALLATION'S EPA
I.D. NO.**

PA0002345340

1. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

PORCELAIN BUTTON BEAUTIES INC
608 NOLAN AVE
MORRISVILLE, PA 17067

III LOCATION OF INSTALLATION

608 MOLAN AVE
MORRISVILLE, PA 12067

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

FOR OFFICIAL USE ONLY

COMMENTS

C																																															
C																																															
15		16																																													
		INSTALLATION'S EPA I.D. NUMBER												APPROVED				DATE RECEIVED (yr., mo., & day)																													
S		PAD0023459403												T/A C				800811																													
F																																															
1		2		3		4		5		6		7		8		9		10		11		12		13		14		15		16		17		18		19		20		21		22		23		24	

Aug 11 80 000049

I. NAME OF INSTALLATION

[illegible]

II. INSTALLATION MAILING ADDRESS

		STREET OR P.O. BOX																					
C																							
3																							
15	16																					45	
		CITY OR TOWN																		ST.		ZIP CODE	
C																							
4																							
15	16																			20		41 42 43	

III. LOCATION OF INSTALLATION

		STREET OR ROUTE NUMBER																							
C																									
5																									
15 16																						45			
CITY OR TOWN																						ST.		ZIP CODE	
C																									
6																									
15 16																						20 21 22 23			

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)										PHONE NO. (area code & no.)																															
C 2	C	R	I	D	G	E	P	E	T	E	R	P	R	O	D	U	C	T	I	O	N	M	A	N	A	G	E	R	.	2	1	5	-	2	9	5	-	1	6	5	5

V. OWNERSHIP

[illegible]

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)

F = FEDERAL
M = NON-FEDERAL

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION

☐ **B. TRANSPORTATION** (complete item VII)☐ C. TREAT/STORE/DISPOSE

D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (*transporters only – enter “X” in the appropriate box(es)*)

☐ A. AIR

☐ B. RAIL

C. HIGHWAY

☐ D. WATER

☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION

☐ **B. SUBSEQUENT NOTIFICATION** (complete item C)

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

C. INSTALLATION'S EPA I.D. NO.

PAD002345990

I.D. - FOR OFFICIAL USE ONLY														
5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
WPAD0023459402														

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F007 23 - 26	2 23 - 26	3 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 23 - 26	32 23 - 26	33 23 - 26	34 23 - 26	35 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☐ 1. IGNITABLE
(D001)


☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE 	NAME & OFFICIAL TITLE (type or print) PETER D. CRIDGE PRO. MGR.	DATE SIGNED Aug 6, 1980
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Hazardous Waste Quantity Notification

Porcelain Button Beanties Inc

Business Name

CRISS Inc

Business Address

P.O. Box 210 6089 Polk Ave

Morrisville, PA 19067

EPA ID Number

PA D002345940 ?

715 2953667

Hazardous Waste Generated

0 - 100 kg/month

☒

Much Less

100 - 1000 kg/month

☐

1000 kg/month or more

☐

~~David L. Sec.~~

Signature and Title



Official Business
Penalty for Private Use
\$300

FIRST-CLASS MAIL
POSTAGE & FEES PAID
EPA
PERMIT NO. G-35

United States
Environmental Protection
Agency

Washington DC 20460

JOHN A ARMSTEAD
VA/WV SECTION (3HW31)
US EPA REGIONIII
841 CHESTNUT ST.
PHILADELPHIA, PA 19107

EPA Form 5180-11 (5-79)



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

PA0002345940

INSTALLATION ADDRESS

**PROCELAIN BUTTON BEAUTIES INC
608 NOLAN AVE
MORRISVILLE PA 19067**

**608 NOLAN AVE
MORRISVILLE PA 19067**